State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

	FILE NUMBER
Γ	1234567
Ī	OTAL PAGES IN ENTIRE CFA-11 REPORT
	10

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

			TTEE INFORMATION			
Full name of candidate(incli	ide any nickname	) Check if	this is a new name 2.	Committe	ee telephone number	
Joe Hogsett			(	317) 7	7276	
3. Mailng address (address 133 W. Market Stre	•	ign finance corresp	ondence is received)		Check if this is a new addre	ss
4. City		State	ZIP Code	5. Pa	arty affiliation or if independ	ent
Indianapolis		IN	46204	Dem	ocrat	
6. Office sought (include distri	ct number, if any.	Not required for	exploratory committee)	7. Co	ounty of residence	
Mayor				Mar	rion	
8 Reporting Period  From: 10/22/2015  For classification, enter IND for all entries which are not	V for individual;	PAC for political a	Through.	10/22/ P for cor		rganization; NONE
	AME AND OCCU G ADDRESS city, state, ZIP o		TYPE OF CONTRIBU OR OTHER RECEI		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
INDV 597!	deep Allam 5 Castle Cr cway, Suite ianapolis,	#195	Contributions:  Direct In-Kind (describe)			10/22/2015
Contributor's Occupation (i	applicable) <sup>Dir</sup>	ector	Other Receipts Interest Loa Misc. (specify)	ın	\$2,000.00	

CERTIFICATION  CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRCET AND ACCURATE				
Sibpature of Treasurer Lhoadles	Title Treasurer	Date 10.03.15		
Signature of Candidate (if applicable)		Date		

FOR OFFICE USE ONLY

OCT 23 2015 Myla a Eldudge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1; 3-9-5-22) (CFA-11)

FILE NUMBER	
1234567	
TOTAL PAGES IN ENTIRE CFA-11 REPOR	Ú
10	

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in

completing this to	rm, see instructions on the rev	erse side.	<del></del>			
1. Full name of ca	ndidate(include any nickname				tee telephone number	
3. Mailng address 133 W. Mark	(address where all campa et Street #190	ign finance corresp	ondence is received)		Check if this is a new addre	ss
4. City		State	ZIP Code	5. P	arty affiliation or if independ	ent
Indianapoli	. <b>s</b>	IN	46204	Der	nocrat	
6. Office sought (i	include district number, if any.	Not required for e	exploratory committee)	7. C	ounty of residence	
Mayor	_			Маз	rion	
For classification	od /22/2015 n, enter INDV for individual; nich are not one of the above	PAC for political a			/2015 rporation; LAB for labor o	rganization; NONE
L	R'S FULL NAME AND OCCU		TYPE OF CONTRIBUT		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
(stre	MAILING ADDRESS et, number, city, state, ZIP o	ode)	OR OTHER RECEIP		CONTRIBUTION	RECEIVED BY
Classification NONE	Anson FC I, LL 8900 Keystone Ste 1200 Indianapolis,	Xing	Contributions:  Direct In-Kind (describe)			10/22/2015
Contributor's Od	cupation (if applicable)		Other Receipts Interest Loan Misc. (specify)		\$2,500.00	

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ERTIFICATION STOF MY KNOWLEDGE AND BELIEF IT IS TR	RUE, CORRCET AND ACCURATE
Signature of Treasurer - Phoades	Title [Ceasurer	Date 10 - 23-15
Signature of Candidate (if applicable)		Date

accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

OCT 23 2015 Myla a. Eldudge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

	FILE NUMBER	
	1234567	
TOTAL PAG	ES IN ENTIRE CF	A-11 REPORT
	10	

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

completing this to	rm, see instructions on the rev	erse side.				
1. Full name of ca	ndidate(include any nickname		and to a now manne	- '	ittee telephone number 777-7276	
3. Mailng address 133 W. Mark	(address where all campa et Street #190	ign finance correspo	ndence is received)		Check if this is a new addre	SS
4. City		State	ZIP Code	5.	Party affiliation or if independ	ent
Indianapoli	s	IN	46204	D€	emocrat	
6. Office sought (	include district number, if any.	Not required for e.	xploratory committee)	7.	County of residence	
Mayor				Ma	rion	
For classificatio	od /22/2015 n, enter INDV for individual; lich are not one of the above	PAC for political ac	THIOUGH.		2/2015 orporation; LAB for labor o	rganization; NONE
	R'S FULL NAME AND OCCU MAILING ADDRESS set, number, city, state, ZIP o		TYPE OF CONTRIBU OR OTHER RECEI		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification PAC	CHA Consulting 300 S Meridian Indianapolis,	st	Contributions:  ☑ Direct ☐ In-Kind (describe)			10/22/2015
Contributor's O	ccupation (if applicable)	÷	Other Receipts Interest Loa Misc. (specify)	ın	\$12,500.00	

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST	CTIFICATION  OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORRCET AND ACCURATE
signature of Treasurer scher-Phoades	Title   reasurer	Date 10 ⋅ 23-15
Signature of Candidate (if applicable)		Date

subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

OCT 23 2015

Myla a. Eldridge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

OR'

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in

completing this for	n, see instructions on the rev	erse side.				
		COMMI	TTEE INFORMATION			
1. Full name of car	ndidate(include any nickname	) Check if	this is a new name 2	. Committ	tee telephone number	
Joe Hogsett				317) 7	777-7276	
3. Mailng address 133 W. Marke	(address where all campai et Street #190	gn finance correspo	ondence is received)	•	Check if this is a new addre	ss 
4. City		State	ZIP Code	5. P	arty affiliation or if independ	ent
Indianapoli.	S	IN	46204	Den	nocrat	
6. Office sought (in	clude district number, if any.	Not required for e	xploratory committee	) 7. C	ounty of residence	
Mayor				Mai	rion	
For classification	22/2015 , enter INDV for individual; ch are not one of the above	PAC for political a	- Tillougii.	10/22/ RP for co		rganization; NONE
CONTRIBUTO	R'S FULL NAME AND OCCU MAILING ADDRESS et, number, city, state, ZIP c	PATION FULL	TYPE OF CONTRIBL OR OTHER RECE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification INDV	Christel Dehaar 10 W Market St Ste 190 Indianapolis,		Contributions:  Direct In-Kind (describe)			10/22/2015
Contributor's Oc	cupation (if applicable) Four	nder & CEO	Other Receipts Interest Loa Misc. (specify)	an	\$50,000.00	

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE	CERTIFICATION BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORRCET AND ACCURATE
Signature of Treasurer	Title Treasurer	Date 10.23.15
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY

**FILED** 

OCT 23 2015 Myla a. Eldudge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

FILE NUMBER	
1234567	
TOTAL PAGES IN ENTIRE CFA-11 REPOR	ī
1.0	

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in

completing this for	m, see instructions on the rev	erse side.					
1. Full name of car Joe Hogsett	ndidate(include any nickname		TEE INFORMATIO	2. Cor		telephone number 7-7276	
3. Mailng address 133 W. Mark	(address where all campa et Street #190	ign finance correspo	ndence is received)		Ch	eck if this is a new addre	55
4. City		State	ZIP Code		5. Party	affiliation or if independent	ent
Indianapoli	s	IN	46204		Demo	crat ,	
6. Office sought (in	nclude district number, if any.	Not required for ex	ploratory committ	ee)	7. Cou	nty of residence	
Mayor				l	Mario	on	
8 Reporting Period  From: 10/22/2015 Through: 10/22/2015  For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories							
CONTRIBUTO	R'S FULL NAME AND OCCU MAILING ADDRESS et, number, city, state, ZIP c	PATION FULL	TYPE OF CONTRI OR OTHER REC		N CO	LUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification NONE	FCPB I, LLC 8900 Keystone Ste 1200 Indianapolis,	_	Contributions:  Direct In-Kind (descrit	be)			10/22/2015
Contributor's Oc	cupation (if applicable)		Other Receipts  Interest  Misc. (specify	Loan //	-	\$2,500.00	

	UE, CORRCET AND ACCURATE
Title Treasurer	Date 10 . 23 . 15
	Date
	Title Treasurer  Died for sale or used for any comme

FOR OFFICE USE ONLY

FILED

OCT 23 2015 Myla a Elemedge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

	FILE NUMBER	
	1234567	
TOTAL	AGES IN ENTIRE CFA-11 REPOR	ĺ
	10	

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

completing this form, see instructions of the f	CVCISC SIGG.			<u></u>	
Full name of candidate(include any nickname)  Joe Hogsett		ITTEE INFORMATIO f this is a new name	2. Com	nittee telephone number	
3. Maiing address (address where all cam, 133 W. Market Street #190	paign finance corresp	oondence is received)		Check if this is a new addre	
4. City	State	ZIP Code	5	. Party affiliation or if independ	ent
Indianapolis	IN	46204	I	emocrat	
6. Office sought (include district number, if ar	y. Not required for	exploratory committee	tee) 7	. County of residence	
Mayor				Marion	
8 Reporting Period  From: 10/22/2015 Through: 10/22/2015  For classification, enter INDV for Individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories					
CONTRIBUTOR'S FULL NAME AND OC MAILING ADDRESS (street, number, city, state, ZI		TYPE OF CONTRI OR OTHER RE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification NONE Fishers Owner 8900 Keyston Ste 1200 Indianapolis	e Xing	Contributions:  Direct In-Kind (descri	be)		10/22/2015
Contributor's Occupation (if applicable)		Other Receipts Interest Misc. (specif	Loan (y)	\$5,000.00	

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	RTIFICATION TOF MY KNOWLEDGE AND BELIEF IT IS TRI	UE, CORRCET AND ACCURATE
Signature of Treasurer Chordes	Title Ireas ver	Date 10.23.15
Signature of Candidate (if applicable)		Date
WARNING: Any information contained in this report may not liperson who knowingly files a fraudulent report commits a Cla accurate report as required by the Indiana Campaign Finance subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-16).	ss Difelony. (IC 3-14-1-13) A person was e Law commits a Class B misdemeanor,	I I I I I I I I I I I I I I I I I I I

FOR OFFICE USE ONLY

FILED

OCT 23 2015

Myla a. Eldridge

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

UUT 43 (UI)

Myla a Eldridge